

## Health Service Progress Report

The Department of Health published a 46-page report - *Making Progress on Prostate Cancer* last November. The Minister responsible, John Reid, pointed out that prostate cancer is the only cancer with a government spending target for research, (currently running at £4.2 million per year, up from under £1 million when we started campaigning five years ago). All GPs now have a resource pack to help them counsel men worried about prostate cancer. We are told that 98.7% of patients with suspected prostate cancer see a consultant within two weeks of urgent GP referral and the number of consultant urologists has risen by 40% to over 500 since 1997.

The cancer *Tsar*, Mike Richards, announced that the number of new cases is rising rapidly (over 35% in the last 5 years). Much of this is due to the more widespread use of Prostate Specific Antigen (PSA) testing, although ageing of the population is also another factor, as prostate cancer is more common in older men. The incidence is set to rise further in coming years. Prostate cancer is now the most common cancer in men, with 26,027 new cases diagnosed in England alone in 2001. Five-year survival rates improved from around 42% in the late 1980s to 68% in the late 1990s, due in part to the effects of increased PSA testing and earlier detection. The proportion of tumours diagnosed at an early stage (stages I and II) rose from 52 per cent in 1999 to 60 per cent in 2002.

Over the past four years there have been some encouraging

increases in the provision of scanning equipment which should provide a further 240,000 CT scans, and 175,000 extra MRI scans each year. The machines will provide the latest imaging technology for cancer patients and give radiologists improved diagnostic confidence when reading the scans.

Looking ahead the report announced that by the end of 2005 there should be a maximum two-month wait from urgent GP referral to treatment with a maximum one-month wait from diagnosis. All patients with urological cancers should be managed by multi-disciplinary teams.

On the research front the trial comparing treatments for localised prostate cancer (ProtecT, see *Update 19*) has now been given an additional arm to give valuable data on prostate cancer screening. Research carried out recently has identified the E2F3 gene that may give rise to a screening test for early aggressive cancers. The Department's research portfolio also includes a study into the efficacy of High Intensity Focussed Ultrasound (reported on in this issue). Other studies include one to improve radiotherapy treatment for prostate cancer by using magnetic resonance imaging for radiotherapy treatment planning, one to develop and validate a robotic system for prostate biopsy, and one to evaluate the safety and effectiveness of Intensity Modulated Radiotherapy.

A full copy of the report can be downloaded from <http://www.dh.gov.uk/> and then specify the report's title.

## Best Ever Annual Luncheon



HRH The Duchess of Gloucester flanked by Chelsea Pensioners Maylor and Kennerley and Roger Plail (left) and Olympic oarsman Ed Cooke (right). Read the full account overleaf.

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# Olympic oarsman's pledge to older generation

The arrival of a very welcome intruder at the Savoy during the Launch of a **Million Prostate Miles** was quickly spotted by our Royal Patron who had just made the first donation to this initiative. Those attending the Annual Luncheon were enjoying their post-lunch coffee and listening to the Launch when The Duchess of Gloucester noticed that her husband had just slipped into the Lancaster Room and had found a chair close to the Stage where she was standing. In a flash our Patron handed over another donation on his behalf so that His Royal Highness could become donor number two!

The Luncheon on 20 October 2004 was attended by more supporters than ever and after being greeted by the President, Mr Tony Kilmister, and the Chairman, Professor Roger Kirby, HRH The Duchess of Gloucester was escorted to the River Room where informal presentations were made to her. All then made their way to the Lancaster Room for lunch - at the end of which an auction was held.

The auction was conducted by Mr Nicholas Bonham whose ancestor established, in 1793, the world's oldest and fastest growing auction house and the largest firm of auctioneers still in British ownership. Nick Bonham's expertise helped the **Prostate Research Campaign UK** make over £24,000 from the Annual Luncheon and we are most grateful to all our supporters.

Immediately after the auction, the indefatigable Mr Roger Plail outlined the fundraising success of the Mount Kinabalu climbers and this was followed by a 30 second video clip of Britain winning gold in the coxless fours at the 2004 Olympics. This gave Gold Medallist Ed Coode his cue for a short but memorable speech to our supporters about their achievement and his pledge of support for the **Million Prostate Miles**.

In the course of his speech Ed Coode said: 'Remember, we are not asking you to



*I've just been bought a holiday!*



*Auctioneer, Nicholas Bonham, raising money at speed and with charm*

give, but rather to persuade others to give to support a **Million Prostate Miles** and our charity. I will pledge to do the



*Ed Coode shows off his Gold Medal*

same and before the end of next year I will get my rowing friends together to seek sponsorship and raise funds for **Prostate Research Campaign UK**'.

Ed Coode went on: 'You might well ask why I am doing this, for - with the greatest respect - I am from a rather different generation than many of the charity's supporters. And it is a very fair question. The answer is very simple. My generation are going to benefit from your hard work and the results of research you are paying for. My generation will benefit too from

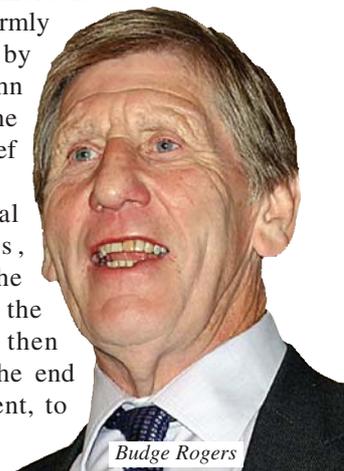
increased awareness and the spread of knowledge about prostate diseases you are funding. The very least we can do is to help you in your task'.

The Duchess of Gloucester then received from Roger Plail a giant cheque for no less than £274,593 (which, since then, has risen to £293,650) for the cause raised by the Mount Kinabalu climbers.

He then invited Her Royal Highness and two Chelsea Pensioners to take the first steps of and cut the tape to the first **Prostate Mile** of the **Million Prostate Miles** Campaign which she did.

In a light hearted speech which followed, Budge Rogers, former England Rugby Captain, RFU President and holder of 34 caps, urged strong support for **Prostate Research Campaign UK**. He and all concerned with this memorable lunch were warmly thanked by Brigadier John Anderson, the charity's Chief Executive.

Their Royal Highnesses, escorted by the President and the Chairman, then departed, at the end of a great event, to warm applause.



*Budge Rogers*

# Messages Correct - Facts Somewhat Adrift

**Nigel Offen, an experienced surgeon, was correctly diagnosed with prostate cancer (almost as an afterthought) following a consultation for something quite different. Here, is his story.**

Some of you will have read an article in the *Daily Mail Health Supplement* last November about my experience of being diagnosed and treated. I must say, firstly, how surprised I was to find so many *Daily Mail* readers amongst my friends and acquaintances! I was also pleased that the reaction was unanimously positive, particularly from women.

Many of you will, I am sure, have been puzzled by the sequence of events that was described and I am grateful for the opportunity to set the record straight. Firstly, my career in surgery was as a general surgeon, with an interest in disease of the large bowel and breast - urologist indeed!

I went to see my GP, following an annual eye test, when signs of raised blood pressure were detected. I mentioned my urinary symptoms, almost in passing, but my GP, despite not finding any abnormality in his examination, nevertheless arranged an immediate PSA test. What followed was an instant referral to a surgeon, preceded by biopsy, MRI scan, and bone scan. So when we met, I was given a precise diagnosis of locally advanced disease and advised that treatment with conformal radiotherapy, preceded by supportive drug therapy in the form of

*any urinary symptoms in my age group, have a PSA*

Casodex, was the best option. That same day I was offered and accepted a meeting with a fellow victim in the profession, which I found extremely helpful and by the end of the day, I was

## Congratulations Ed

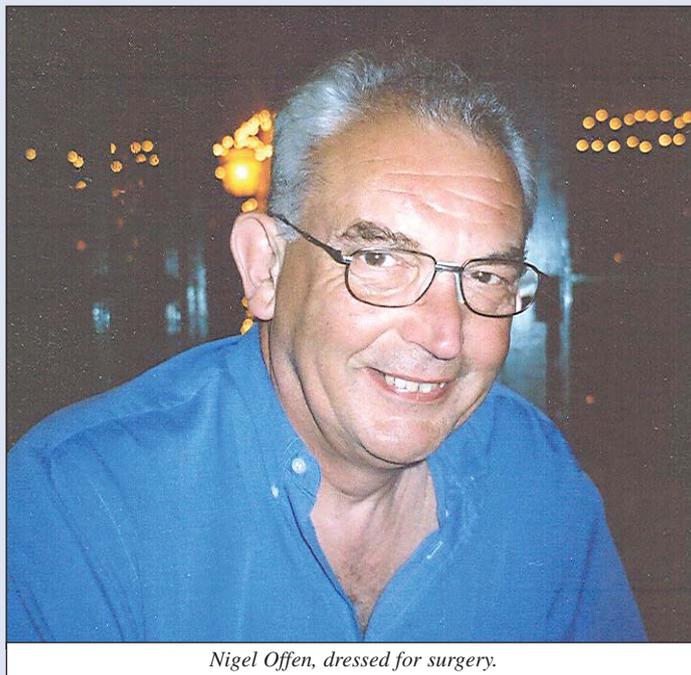
Ed Coode, who spoke at the Annual Luncheon, was appointed an MBE in the New Year's Honours List.

In addition, he has just become engaged.

in much better shape than might have been expected.

I saw the radiotherapist after a month of drug therapy that produced a gratifyingly sharp drop in my PSA. It was decided that treatment should commence after a further month of Casodex therapy.

By that time I was aware of a little



*Nigel Offen, dressed for surgery.*

tenderness in the nipple area. Being aware that a short course of low dose radiotherapy to the breast area could prevent breast development, I raised the question of such treatment.

At this stage I was advised that my long term drug therapy should be changed to Zoladex. This follows advice from the Committee on Safety of Medicines that there was an increased risk of heart complications if Casodex is used for prolonged periods. I went away to consider the options. I much preferred the side effects of Casodex, in particular the possible maintenance of potency, (maybe supported by Viagra), which seemed to be very unlikely with Zoladex, as this is essentially a medical castration. I asked to see the evidence on which the advice was based. A week to get it, a week to evaluate it, and I came to the conclusion that the increased risk of heart disease was minimal if indeed a

risk at all. My choice was to stick with Casodex, with which the radiotherapist agreed.

However, a month had gone by; the breast development had increased so concurrent radiotherapy to the breast area commenced. Only four treatments were needed and that has stopped it but not, I would emphasise, removed that which had already occurred.

The outcome so far is good. I am working again. I get a bit frustrated by the tiredness, but that is a choice that I find acceptable, and the opening PSA of 44 has fallen to 0.4 with a vast improvement in the urinary symptoms.

Having set the facts straight in a slightly abbreviated fashion, I would emphasise that the messages that I wanted to come over were very definitely there in the *Daily Mail* article. I did offer to check the copy for factual accuracy before it was submitted, although I knew it would be journalistic heresy to allow that.

The messages then; any urinary symptoms in my age group: have a PSA, and if there is any demur, don't take 'No' for an answer. Patients need to have understandable information to hand that allows them to make choices that include quality of life, as well as longevity, in their decision making.

Lastly, my father had prostate cancer, and I have two sons. Nobody suggested that I should give them any advice. I have told them to start having two yearly PSA tests from the age of forty. I

*consider quality of life as well as longevity*

understand that there is currently a trial of doing PSA tests on the sons of patients in progress. Heredity being a significant cause of the disease currently identified, that would seem to me to be science trying to prove the perfectly bloody obvious. To me common sense is preferable.

# Fundraisers

Donations are still coming in towards the efforts of a number of stalwart supporters. There is **Ronald Hurren** who has followed in Roger Kirby's footsteps by climbing Mount Kilimanjaro.

There is also **Guy Woodford** who has completed the first summer of his three year trek by the mountain route from Geneva to the Mediterranean.

And there is **Mike Hancock** the cycling pilgrim who travelled from Bexley to Santiago de Compostella, sponsored every mile of the way.

A big thank you, also, to **Ken Hulme** and the Norfolk Millennium Male Voice Choir who held a charity concert in December raising £500.

Space permitting, we'll report on all these fine achievements in a future issue of *Update*.

## Who finds cycling painful?

Are you one of those people who love cycling but find it a real pain in the er, crotch? Well help is at hand with the new RIDO saddle.

Such is the RIDO saddle's effectiveness at relieving the pressure on the perineal area that many cycling enthusiasts who have suffered prostate problems and as a result have been unable to cycle as much as they would like (in some cases at all), have had their cycling enjoyment wholly renewed because of it.



RIDO are happy to offer our readers a special deal; the first 10 callers get a free saddle. (The price otherwise would be the standard £10.99 plus £3.00 P&P). The telephone number to call is 01394 450 745 and the saddle is available in three colours, namely black, blue and glow-in-the-dark .

## John Ryan swims Lough

Upper Lough Erne, situated on the Crom Estate near Enniskillen, (where the 6th Earl of Erne resides), was the place John Ryan learnt to swim as a child. So when he decided to raise money for **Prostate Research Campaign UK** by doing a sponsored swim he went back to his childhood home.

The Crom Estate, belongs to the National Trust and comprises almost 2000 acres of woodland, wetlands, farmland and parkland. Lough Erne also has the largest semi-natural oak woodland remaining in Ireland and one of the most important freshwater habitats in the British Isles.

So on a typical summer's day in late August, John Ryan, uncle of Dr Peter Amoroso, swam across Lough Erne. The water was cold but with the help of Ian McCauley from the National Trust who organised the safety boat, life guard and a much needed wet suit both he and Ian set off and swam across the lake.

With the help of friends and relatives he raised £1200 for charity, of which we received £400!

Well done John !

## Do not put your head in the sand

That's what most people do when it comes to Wills. About 70% of us do not have an up-to-date Will that makes provision for mitigation of inheritance tax (IHT).

Some simple things can save a couple more than £100, 000 for modest cost.

Why not ask us for our Legacy Leaflet which offers guidance to completing a Will or updating your existing Will to save a substantial part of your Estate from going to the Chancellor?

You may consider leaving a legacy to one or more charities. This both reduces the IHT payable and provides the charity with much needed funds.

If you do not have a solicitor of your own **we** can put you in contact with a specialist in Will writing offering a 12.5% discount to our supporters and prepared to call and discuss at your home.

***Don't put your head in the sand!***

## Meet the Neighbours

'When we move to the country, I'll do that too!' I said to my friends in Devon. 'Why wait. Do it in Notting Hill!' they challenged.

And so it was that I delivered about 40 invitations to neighbours we'd never met, (even though we have lived here for 18 months), for an evening of home-made soup and bread at £4 a head in aid of the **Prostate Research Campaign UK**.

My husband was anxious. He envisaged numerous difficulties, but when we started to receive enthusiastic replies, he began to look forward to the evening. It was I who became nervous.



Angela and Derek Burridge

However, good preparation is everything. On the evening, we had candles leading up to the front door, lights in the garden, three good hot soups and an intoxicating punch to get the party going. We asked everyone to sign our visitor's book and to wear a nametag.

About 25 people turned up. There were new couples to the area, others who had been here for years, a few single ladies, and several bachelors. All were keen to introduce themselves and to mingle. There was a real buzz. The evening was a great social success and we raised £115 for Prostate Research. Why not do the same in your street? We're glad we did.



Thanks to the Shrivenham Bowls Club and their captain, Mrs Haste for the donation of £515

St. John's, Smith Square  
General Manager: Paul Davies



A Charity performance of Benjamin Britten's

## The Rape of Lucretia

Wednesday 23 March 2005  
at 7.30pm

introduced by  
Humphrey Burton C.B.E.

CAST

Female Chorus Geraldine McGreevy  
Male Chorus Paul Nilon  
Lucretia Catherine Wyn-Rogers  
Lucia Rebecca Evans  
Bianca Anne Marie Owens  
Collatinus Neal Davies  
Tarquinius Sir Thomas Allen  
Junius Leigh Melrose

Conductor Stuart Bedford

IN AID OF



Registered Charity Number 1037063

Get your tickets for this great evening now! See separate leaflet

## Pants in the Park

As part of our *Million Prostate Miles* campaign we are organising a five km fun run for all the family at Battersea Park, London on Father's Day 19 June 2005.

The theme is similar to the now well known *Moon Walk* but instead of men or women running in a bra, the idea is for the runners to wear their pants on the outside of their running shorts, Superman style.

All participants will be expected to obtain sponsorship from their friends and families. Prizes will be given for the best and worst pair of pants and everyone taking part will receive either a medal or rosette.

This will be a fun day out for all the family. There are plans to have a Steel band, children's entertainment, a food and drinks trailer and much more to keep the non runners happy as well as the runners.

If you want to get involved or know someone who does contact Lesley Catterall, *Events Manager* on 020 8877 5840, email: [lesley@prostate-research.org.uk](mailto:lesley@prostate-research.org.uk) or complete the enclosed *Events Order Form*.

## Diary for 2005

**March 4**

*Chicago Bridge*

at the Andrew Robson Club.  
Organised by Louise Anderson.

**March 23**

*Charity Performance of Benjamin Britten's The Rape of Lucretia*

at St John's Smith Square.  
Organised by Catherine Wyn-Rogers

**March 21 - 27**

*Prostate Cancer Awareness Week.*

Contact your local paper or radio station and ask them to publicise the week to raise awareness.

**April 29**

*Spectacular Musical evening*

in Spencer House, St James's Place, London.

Organised by Mrs Jennifer Sheldon and Brigadier Roy Kendrick

**June 9**

*Charity Golf*

at Richings Park Golf Club run by the Rotary Club of Iver and Langley.  
Recruit a team of four, reserve the date.  
Entry details in the next *Update*.

**June 18**

*The Round the Island Race*

starting at Cowes. Fund raising.

**June 19**

*Pants in the Park*

Fun Run in Battersea Park.

**August 17**

*Osborne House Ball.*

Organised by Susie and Kit Hobday

**September 3-11**

*Walk the Wall.*

Roger Kirby's team will be embarking on a major fund raiser in the North of England.

**October 21**

*Annual Luncheon*

at The Dorchester Hotel.

**December 16**

*Messiah*

at St Marylebone Church.

**2006**

**March 12 - 19**

*Hike for Hope*

If you are interested in supporting any of these events please complete the *Events Order Form* or contact the office.

## Chicago Bridge

Hosted by Andrew Robson on Friday 4 March 2005 from 6:30 pm - 10:45 pm at The Andrew Robson Bridge Club, 31 Parsons Green Lane, London SW6 4HH.

All bridge players - of whatever standard - will be made very welcome and there will be some generous prizes!

Andrew came second in the World Individual Championship last year, and has just won the Gold Cup with his partner, David Bakhshi, and is regarded as one of the best player-teachers in the world. He is Bridge Correspondent for *The Times* and *Country Life*.

The price is £30 per person and includes a Buffet Supper: there will be a cash bar.

If you would like to attend, please fill in the *Events Order Form* enclosed.

## Round the Island Race



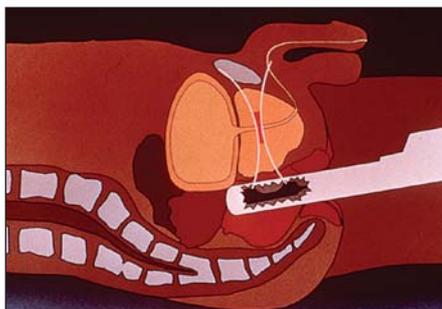
Picture: Patrick Eden

You may remember from issue 17 of *Update*, Susie and Kit Hobday launched the *Ignorance Isn't Bliss* campaign encouraging women to persuade the men in their lives to seek help from their doctors if they have any symptoms of prostate cancer. Thanks to them the **Prostate Research Campaign UK** is the Official charity for the 2005 J P Morgan Fleming Round the Island race - the most spectacular yacht race in the world.

Boats entering who make a £20 donation receive a DVD *Hazards of the Isle of Wight*. Participants are encouraged to raise additional funds by seeking sponsorship for the miles taken to complete the course, or by levying fines on their crew members for a number of misdemeanours

# High Intensity Focused Ultrasound – a new treatment for prostate cancer

Localised prostate cancer can be cured by surgery or by radiotherapy. Both these treatments, however, may produce side effects that can negatively affect quality of life. Now, there is a new treatment being evaluated for use in the UK – High Intensity Focused Ultrasound (HIFU) – which, if the trials are successful, may prove an attractive option for patients.



The potential benefits of HIFU include a local rather than a general anaesthetic, and the possibility of returning home within a day of treatment. Incontinence rates are reputedly very low. Furthermore, because the surgeon can see the neurovascular bundles (which carry the nerves responsible for erectile function), it is claimed that the treatment can avoid these, resulting in fewer patients suffering from erectile dysfunction than with alternative treatments (figures of 20% rather than 60% have been reported). Damage to the rectal wall (a common side effect of radiotherapy) is also said to be less likely for patients treated with HIFU. And unlike radio-therapy, HIFU treatment can be repeated if necessary at a later date.

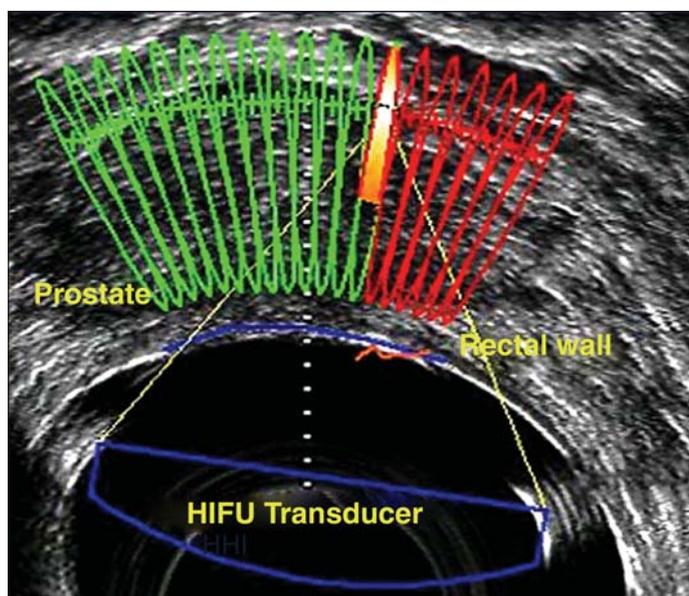
However, it is not yet certain whether complete tumour eradication can be achieved, and research is also required to ascertain the best approach to use for optimum results. It appears from trials in other countries that a “gentle” approach tends to produce the fewest side effects, but may not be as successful in eradicating the cancer, whereas a more aggressive approach may be more successful as a

treatment but produce more significant side effects.

HIFU is a non-invasive technique which uses intersecting precision focused ultrasound waves. These raise the temperature of the tissue at the focal point to more than 80°C in 2-3 seconds, killing the targeted cancerous tissue.

Our first illustration shows the positioning of the HIFU probe in the rectum. This provides an ultrasound image and then treatment to the target area in a progression of overlapping ellipses. To protect the rectal wall the probe itself is cooled. The second illustration shows treatment in progress. Red areas have been treated; the orange one is currently being treated; green illustrates the planned paths for completion of treatment.

Three early trials are currently under way in the UK. Mr Stephen Brown at Stepping Hill Hospital, Stockport, has published results on 30 patients he has treated using a version of HIFU called Ablatherm. Mr Mark Emberton has commenced a trial at the Institute of Urology, London and Mr Simon Brewster is also setting up a trial at the Churchill



Hospital, Oxford. These two surgeons are using a version of HIFU known as Sonablate.

HIFU would seem to have exciting potential and The National Institute for Clinical Excellence (NICE), the body responsible for providing treatment guidelines for the NHS in England and Wales, is apparently fast-tracking its evaluation of the treatment.

## Living with BPH Anon tells his story

It is at least 8 years since I first noticed problems in having a pee and having to get up in the night. I realised that straining did not help but relaxing did. This was easier to do in a sitting position and I often adopted this approach. I knew that my problem might be serious so I visited the doctor. A PSA check suggested I did not have cancer but I was referred to the Urology department of the hospital. The flow test told the doctors what I already knew: that I had BPH (Benign Prostatic Hyperplasia). An endoscopy check followed which confirmed the diagnosis and I was prescribed Flomax.

A few months later I read in *Saga* magazine of a trial, not truly scientific but quite sizeable as I recall, of an over the counter drug Serenoa-C. (This is the product of the Saw Palmetto plant we wrote about in *Update 19*). This had helped a high percentage of the trialists and I decided to try it. I felt the Flomax was no longer working as well so I stopped using it at that time.

I was becoming interested in Yoga and read that the *triangle* exercise in particular was believed to have a beneficial effect for those with BPH. Since then I have done 10 minutes of bending and stretching exercises, including warrior and triangle, every morning.

I still have many symptoms of BPH, including a very slow flow rate first thing in the morning or after sitting for a long time. I find that sitting, relaxing and being patient on the loo ensures that I clear not just the first flow but also the residual bladder contents. First thing in the morning, or even in the night after a party, can take up to 8 or 9 minutes to pee. After my Yoga, or after a walk, my standing urination is at full strength.

I am now 65, walk, cycle and swim and feel that my self-help approach to BPH has been successful, as BPH does not restrict me in any way and I have not been a burden on the NHS.

**Recommend  
our Web Site**

**For trustworthy advice on  
all prostate diseases**

[www.prostate-research.org.uk](http://www.prostate-research.org.uk)

# Can Prostate Cancer be Prevented?

Prostate cancer is now the most commonly detected malignancy in men. Over 27,000 new cases are diagnosed every year in the UK. Men especially at risk include those with a strong family history of the disease, especially when the affected relatives are younger than 60 years of age. For these high risk individuals, and indeed for the rest of us males, an effective strategy to prevent prostate cancer would be highly beneficial.

## Selenium evidence

But what is the hard evidence that prostate cancer can be prevented? The natural product selenium was shown in one large study to reduce the incidence of prostate cancer by 48% when matched against placebo. A follow-up study showed a greater than 69% reduction in prostate cancer incidence in those with high compared with low selenium levels in the blood. Selenium occurs naturally in foods such as Brazil nuts and can be purchased in health food shops either alone or in combination with Vitamins A, C and E (Selenium ACE). The only significant side-effect is gastro-intestinal disturbance.

## Vitamin E

Another natural preventative product is vitamin E. A large Finnish study of male smokers revealed that vitamin E reduced prostate cancer mortality by 41%. On the basis of this I have been in the habit of advising patients to take Vitamin E supplements, usually in combination with selenium. However, a recent paper by Edgar Millar in the January 2005 issue of *Annals of Internal Medicine* reports that an analysis of 11 trials testing high dose Vitamin E shows an increased mortality in those taking doses greater than 150 International Units per day, possibly as a result of cardiovascular problems. Accordingly it is suggested that the daily dose of Vitamin E be restricted to 150 International Units per day, a dose not associated with such problems.

## Proscar™ and Avodart™

The 5 alpha-reductase inhibitor finasteride (Proscar™), which is extensively used as a treatment for Benign Prostatic Hyperplasia, has



Professor Roger Kirby

recently been rigorously tested in a very large trial for preventative properties against prostate cancer. 18,882 men were randomly assigned to take either finasteride or inactive placebo for seven years. A 24.8% reduction in prostate cancer incidence was detected in the finasteride-treated patients, but disappointingly those cancers that did occur in this group were of higher grade (i.e. more aggressive in nature) than those diagnosed in men receiving placebo. The newer prostate shrinking drug dutasteride (Avodart™), which has a similar mechanism of action, is also being tested for preventative activity, but no conclusive results are available yet. Both Proscar™ and Avodart™ improve prostatic symptoms, but carry a small

risk of reducing sex drive and erections. This is reversible on stopping the tablets.

## Tomatoes

A host of other complementary therapies are claimed to protect against prostate cancer. Evidence for their safety and effectiveness however is sparse. One exception is lycopene which is a carotenoid found abundantly in the skin of tomatoes. A study of dietary habits in 41 countries found a strong association between tomato consumption and reduced prostate cancer mortality. Moreover, lycopene can inhibit prostate cancer cell growth in the laboratory. Much less robust evidence is available to support the contention that soya products, green tea and St John's Wort are beneficial, and more studies are required to confirm this.

## Summing up

So what steps should we take currently to avoid this very prevalent disease? A balanced diet, low in saturated fats, is recommended, with plenty of tomatoes. Selenium 200 micrograms and Vitamin E in a dose not exceeding 150 International Units per day are probably helpful. Regular exercise and careful maintenance of optimum weight helps to protect against both prostate cancer and cardiovascular disease. I try to follow this regime myself and advise my patients to do the same. Furthermore, I believe in PSA tests annually together with a cholesterol profile, because in my book, earlier detection offers a better opportunity of cure.

Professor Roger Kirby

## Statins & Cancer

A number of our readers may be taking statins to reduce their cholesterol levels. Doubtless others have heard of their efficacy. However, less well known is that they may well be useful in reducing the likelihood of developing prostate cancer.

Results of a fairly small study of 450 men all taking statins, 72 with prostate cancer, 150 with negative biopsies but raised PSA, and 208 with normal PSA readings were presented last June.

The most commonly used brands of statins were Lovastatin, Simvastatin, Fluvastatin and Atorvastatin. The research indicated that those with a cumulative dose of more than 19 grams of any of these products had lower risk of prostate cancer. Those with an average daily dose of more than 40 milligrams were also at a lower risk of an elevated PSA.

Dr Shannon of the Oregon Health and Science University, where the research was carried out, is convinced that further investigation is warranted. We would support this conclusion.

## What you think!

### Initial results of questionnaire

In the last issue of *Update* we enclosed a questionnaire about the charity and prostate diseases. We received some 1,200 responses. Thank you. These will help us improve the services we offer and the work we do.

Many who responded asked detailed and specific questions about their own medical conditions, many of which we regret it has been impossible for us to answer. Some fairly trenchant views were expressed: there was anger at the standards of medical services available, concern over the lack of a screening programmes and comment on the low levels of awareness.

Some facts and figures: 95% of those who responded were male, 97% were over 50 and 86% had suffered from prostate problems. Of these, some two thirds suffered from prostate cancer, with the balance being affected by Benign Prostatic Hyperplasia (BPH) or Prostatitis. Indeed, there were numerous pleas for more *Update* articles on the latter two diseases and we will try to meet this request.

*Update* was very highly regarded, only pipped at the post by our Chairman's book *The Prostate - small gland, big problem* (the third edition will appear later this year). Only 15% used our website and that of this group, 93% did so for medical information: as we suspected, this publication remains the main source of communication, particularly for Events. It was disappointing to see that only 6% were prepared to become involved in fundraising events - but perhaps we need to persuade the 25% who said *Possibly* to join in!

Many responses confirmed previously held views. The vast majority felt that the negative impact of prostate disease was underestimated by the general public and almost everybody of those who had been a prostate cancer patient thought that the Government and the NHS should invest greater resources into all stages of the disease.

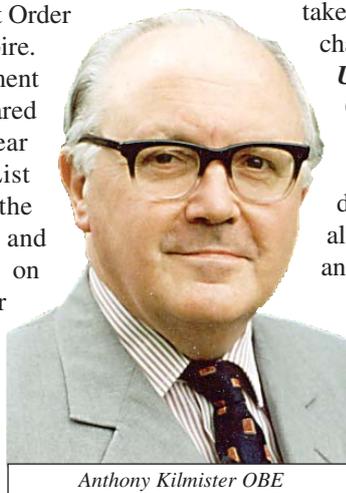
Again, our thanks to all of you who helped with this most useful survey.

## Our President awarded OBE

The President of **Prostate Research Campaign UK**, Anthony Kilmister, has been appointed an Officer of the Most Excellent Order of the British Empire.

The announcement of the OBE appeared in the New Year Honours List published in the London Gazette and other newspapers on 31st December 2004.

Anthony Kilmister and his wife, Sheila, were married on 24th May 1958



Anthony Kilmister OBE

which proved to be the last Empire Day. The following year Commonwealth Day was celebrated. He is delighted that the OBE will robustly re-establish his links to the Empire! He had always disclaimed any responsibility for the imperial sunset anyway.

Tony was our Founder and is now President of **Prostate Research Campaign UK**. Steps to form it were taken in 1993 and it became a Registered charity early in 1994. As readers of *Update* will know, over the years the Campaign has financed important scientific and medical research into both benign and malignant disorders of the prostate gland. It has also been active in raising awareness and producing educative information of real value to patients and their families.

In addition to his work in other areas of Health concern, he has given over 30 years of voluntary service to the Prayer Book Society and for many years was its National Chairman.

Actively concerned in both fields, Tony Kilmister, who was born in July 1931, still thinks of himself as a young man at 73 - but is prepared to accept with good humour the alternative meaning for OBE namely *Old But Energetic*.

## An appeal for you to give regularly

As a charity we are fortunate in having extremely dedicated and generous supporters, for it is you who donate the bulk of the funds that allows your charity to provide information, promote education and sponsor research into all aspects of prostate disease.

Those of us in the office never cease to be amazed at the dozens of donations that follow every edition of *Update* and this regular source of income allows us to plan for the future with greater certainty.

But we do miss out on one major source of regular income - Standing Orders - simple instructions to your bank to pay a fixed amount to the charity at regular intervals - monthly, quarterly or annually. Furthermore, if linked with a Gift Aid

Declaration, we receive 28 pence from the taxman for every pound you donate! At present just over 1% of our supporters have a Standing Order in place and we would like to increase that number. If you would like to consider supporting your charity in this way, do please read the leaflet *How you can help us...* You can order one using the enclosed Publication Order Form, or simply telephone us and ask for one.

## A programme to watch

A programme on prostate cancer in the series *Body Wars*, for which we provided many facts and figures, goes out on the Discovery Channel at 8.30pm on 10 February.

## Tsunami

Many of our readers will have been touched directly or through family or friends by the underwater earthquake in the Indian Ocean. We offer them our sincere sympathy.

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